

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18510**

FILED JUN 14 1948

Registration District No. **243**

Primary Registration District No. **4364**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Stella Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Cradwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **XXa Loma Thelma Anderson**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Arthur Anderson** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **March 9th 1904**
(Month) (Day) (Year)

8. AGE: Years **39** Months **2** Days **15** If less than one day hr. min.

9. Birthplace **Tiff City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **Dan Carter**
13. Birthplace **Carthage Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Eva Brokaw**
15. Birthplace **Stella Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Anderson**
(b) Address **Wyandotte Okla**

17. (a) **Burial** (b) Date thereof **May 28 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wyandotte Okla**

18. (a) Signature of funeral director **Goelace**
(b) Address **Seneca Missouri**

19. (a) **5-29-43** (b) **Alpha L. Hale**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oklahoma** (b) County **Ottawa**
(c) City or town **Wyandotte**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **Li**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **24th**
year **1948** hour **I** minute **A** M.

21. I hereby certify that I attended the deceased from **May 20** to **May 24** 19**48**
that I last saw her alive on **May 21** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Stones that filled both kidneys**
Duration **1 yr.**

Due to **Acute Nephritis (?)**

Due to **Kidneys Completely blocked with stones**

Other conditions **(Include pregnancy within 3 months of death)**
Major findings: **Of operations**

Of autopsy **134 a**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Stella Anderson** (M. D. or other)
Address **Stella Anderson** Date signed **5/29/48**

Date Received JUN 7 1943
File No 643-112

AUG 9 1943

JUN 10 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Nea A. Johnson, Registered Apprentice No. # 340
working under my personal supervision.

Signed Barley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.